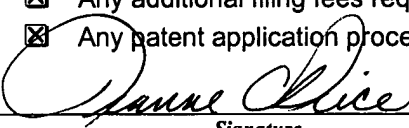
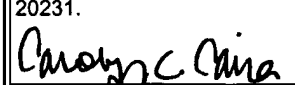


|   |   |                               |   |                               |                   |
|---|---|-------------------------------|---|-------------------------------|-------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>  |   |                               | Docket No.<br><b>FG0810 US</b>  |                               |                   |
| Applicant(s):   |   |                               |   |                               |                   |
| Serial No.<br><b>09/392,024</b>   | Filing Date<br><b>08 September 1999</b> | Examiner<br><b>K. Clemens</b> |   | Group Art Unit<br><b>1644</b> |                   |
| Invention: <b>METHOD FOR DETECTING, PREVENTING, AND TREATING RENAL DISORDERS BY MODULATING, REGULATING, AND INHIBITING CONNECTIVE TISSUE GROWTH FACTOR</b>  |   |                               |   |                               |                   |
| <u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>   |   |                               |   |                               |                   |
| Transmitted herewith is an amendment in the above-identified application.   |   |                               |   |                               |                   |
| <input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.<br><input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.  |   |                               |   |                               |                   |
| The fee has been calculated and is transmitted as shown below.  |   |                               |   |                               |                   |
| <b>CLAIMS AS AMENDED</b>  |   |                               |   |                               |                   |
|   | CLAIMS REMAINING<br>AFTER AMENDMENT     | HIGHEST #<br>PREV. PAID FOR   | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                          | ADDITIONAL<br>FEE |
| TOTAL CLAIMS  | 18 -                                    | 20 =                          | 0 x   | \$11.00                       | \$0.00            |
| INDEP. CLAIMS   | 6 -                                     | 6 =                           | 0 x   | \$41.00                       | \$0.00            |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |   |                               |   |                               | \$0.00            |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>  |   |                               |   |                               | <b>\$0.00</b>     |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br>A duplicate copy of this sheet is enclosed.<br><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0811</b><br>A duplicate copy of this sheet is enclosed.<br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. |   |                               |   |                               |                   |
| <br>_____<br>Signature   |   |                               | Dated: <b>05 October 2000</b>   |                               |                   |
| <b>Leanne C. Price</b><br>Reg. No. 42,090   |   |                               | <div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on <b>05 October 2000</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.<br/> <br/>         _____<br/>         Signature of Person Mailing Correspondence<br/><br/> <b>Carolyn C. Caires</b><br/>         _____<br/>         Typed or Printed Name of Person Mailing Correspondence       </div> |                               |                   |
| CC:   |   |                               |   |                               |                   |